

WAIVER REQUEST FOR ALTERNATE PROCUREMENT METHODS

Requesting Department: (AIDEA OR AEA) AIDEA		Date: 3/12/18	Bid Waiver Number (FOR HQ USE ONLY)
Project Number(s): n/a	Estimated Price: \$441,000	Person to Contact (Project Manager & Telephone Number): Mark Davis, 771-3880	
Project Name: Economic Development Advisory Services		Signature of Project Manager 	

Part 1 - Type of Procurement Method:

- | | | |
|---|--|--|
| <input type="checkbox"/> Competitive Sealed Bid | <input type="checkbox"/> Competitive Sealed Proposal | <input type="checkbox"/> * Limited Competition |
| <input type="checkbox"/> * Emergency | <input checked="" type="checkbox"/> * Single Source | <input type="checkbox"/> Small Procurement |

* Regardless of the contract amount, any purchase using Emergency, Single Source or Limited Competition procurement must be assigned a Bid Waiver Number and PART 6 of this form must be completed for each resulting contract.

Part 2 - Specific description of procurement requirements to be waived: For example time of advertisement, public notice, selection process, record keeping, etc.

Waiver requested to waive solicitation process from 3 AAC 109 AIDEA's Procurement Regulations.

Part 3 - Project Description: Provide the following information: 1) The contract requirements with attached schematics, planning documents, or narratives as appropriate. 2) A cost estimate that is linked to the contract requirements. Identify funding source: and if Federally funded attach copy of Federal approval. 3) A time line depicting the project schedule from inception to completion. 4) List all agency officials with oversight or supervisory responsibility for the project. Attach separate page(s) if necessary.

1. Oversight of the new Industry Development Team and working with other staff in promoting the business and economic development interests of Alaska.
2. 40 months @ \$8,000/month + travel expenses = \$441,000, RSA from DCSED
3. FY 19 – 4 months; FY20, 21, and 22 = 36 months for a Total of 40 months
4. DCSED Commissioner Julie Anderson, AIDEA Executive Director Tom Boutin, AIDEA Project Manager Mark Davis

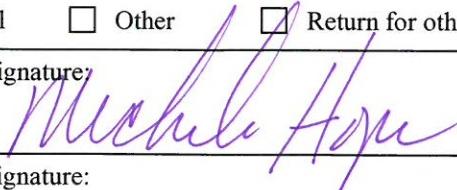
Part 4 - Justification: Provide the following information: 1) Need for services. 2) Reason(s) for agency's inability to conform with standard procurement methods. 3) Statutory or Regulatory authorization (if other than budgetary process) for services. 4) Impact on project if waiver is not approved -- explain in detail. 5) Any other documentation/ justification the agency feels would be helpful in evaluating the request. Attach separate page(s) if necessary.

1. Penney Capital, Inc., a financial services company, has extensive experience in connecting investors with opportunities in new business and industry development. Penney Capital, Inc. has a network of contacts in numerous business sectors, within and outside Alaska, that align with the goals of the Governor's New Industry Development Team.
2. This experience and extensive network will be invaluable in achieving the goals of the Team and bringing new business and development opportunities to the state. This combination of experience, background and networks is difficult to find within Alaska.
3. Within AIDEA's Mission
4. Delay in implementing the Governor's New Industry Development Team, and delay in achieving tangible results to the Governor's "Open for Business" strategy.

PART 5 – Procurement Manager comments and recommendations:

The services being requested are within AIDEA's Mission. Penney Capital, Inc. qualifications and contacts make them an invaluable addition to the team. All interested parties agree to terms as represented in the RSA (attached) from DCCEC to AIDEA. I recommend approval of this Waiver.

Recommended: Approval Disapproval Other Return for other/further action as noted above.

Reviewed by:	Signature:	Date:
Michele Hope, Interim Chief Procurement Officer		3/18/19
Reviewed by:	Signature:	Date:

Approved

by:

Tomas Boutin, AIDEA Executive Director

Date: 3/19/19

Approved with conditions

Disapproved

Part 6 - Record of procurement: submit a completed copy of this entire form to the Chief Contracts Officer within 15 days of executing the contract. When multiple contracts are awarded under an emergency procurement, information pertaining to all contracts must be reported. Under such circumstances, attach additional information in the format below - for each contract.

Complete all of the following:

(1) Name of Supplier or Contractor:

(2) Their Zip Code:

(3) Contract Amount: \$

(4) Contract Identification Number:

(5) Contract

Award Date:

(6) Type (i.e. Professional Service, Construction, Supplies, etc.):

(7) Listing of services, products, construction (etc.) obtained:

(8) If other vendors, suppliers or contractors submitted bids or proposals, list the number of these that were:

Alaskan Bidders #

"Out-of-State" Bidders #

This PART 6 prepared by:

Date:

State of Alaska

Reimbursable Services Agreement

ORIGINAL AMENDMENT #

Payment Process

<input type="checkbox"/> Internal Exchange Trans (IET)	<input type="checkbox"/> Internal Trans Agreement (ITA)	<input checked="" type="checkbox"/> Other	Agency Check - AIDEA Not in IRIS
Requesting Agency (Buyer) Commerce, Community, & Econ Dev.	Results Delivery Unit (RDU) Commissioner's Office	Component Commissioner's Office	ADN # 08-2019-0204
Servicing Agency (Seller) Commerce, Community, & Econ Dev.	Results Delivery Unit (RDU) Alaska Development and Export Authority	Component AIDEA Operations	ADN # RSA #1925
I. Project or program title: FY19 Economic Development Advisory Services			

II. The servicing agency agrees to provide the requesting agency with the following service(s):
(Answer who, what, where, when, why and how cost estimates are derived. Use attachment if necessary.)

DCCED, Alaska Development and Export Authority(AIDEA) is to provide Economic Development Advisory Services by promoting new and existing industry growth, marketing, and financing opportunities within the state. AIDEA will retain a contractor to perform work on the New Industry Development Team, and DCCED will reimburse AIDEA for these services.

Buyer Program Contact/Phone

Hannah Lager 907-465-5533

Seller Program Contact/Phone

III. Terms and mechanics of reimbursement:

- Payment upon approval
- Payment upon receipt of inter-agency billing
- Payment upon completion of service(s)
- Other (Specify) Invoice with backup

Buyer Vendor/Customer #: 08CEDINT
 Department of Commerce, Community & Economic Development
 Division of Administrative Services
 MS: 0803
 Attn: RSA Desk

Commencement date
3/1/2019

Completion date

6/30/2019

Billing Email Address:
08RSADesk@alaska.govPhone #
907-465-6489

IV. Servicing Agency cost based on:

 Itemized costs of service(s) provided Cost allocation schedule (description of allocation methodology must be attached)

V. Schedule of maximum costs to be incurred by the Servicing Agency:

	Original Agreement	Previous Amendment(s)	This Amendment	Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ 0.00
Travel	\$ _____	\$ _____	\$ _____	\$ 0.00
Services	\$ 44,000.00	\$ _____	\$ _____	\$ 44,000.00
Commodities	\$ _____	\$ _____	\$ _____	\$ 0.00
Capital Outlay	\$ _____	\$ _____	\$ _____	\$ 0.00
Grants and Benefits	\$ _____	\$ _____	\$ _____	\$ 0.00
Other	\$ _____	\$ _____	\$ _____	\$ 0.00
Total	\$ 44,000.00	\$ 0.00	\$ 0.00	\$ 44,000.00

 Servicing Agency may not change line items without approval of Buyer Agency

VI. Budgeting and Accounting Information :

Requesting Agency Authorization

If Operating, Is item on Inter-Agency Services Report?

Capital
 Operating
 No
 Yes, on detailed Budget Page

Financial coding to be charged

Buyer Dept 08	AR 08010107	Fund 1004	Org Unit COMM	Program RSA0890207	Task
Template _____	Activity _____	Location _____	Function _____	Exp Obj _____	3063

(Open Item# or Doc ID # (RS, EN, or AJE)

Federal funds No Yes, Amount RSA 0890204 ; GAP # 104*5173 (Format Sec Ch SLA Pg Ln OR RPL #XX-X-XXXX)Federal Pass Through: YES NO Appropriation Cite SEC1 CH17 SLA2018 PG5

Federal Agency/Program/CFDA/Grant/Contract No.

Appropriation Cite _____

Date funds lapse 6/30/2019

Servicing Agency Authorization

Is this agreement using budgeted authorization?

Is item on Restricted Revenue Report?

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Seller Vendor/Customer # PE NVC
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, on detailed Budget Page	Seller Dept _____
Program 100010	Other EDO	Template _____
Program _____	Other _____	Template _____

VII: Approvals & Certification: The buyer agency and seller agency agree to the terms and conditions above. In addition, the buyer agency certifies that sufficient funds are encumbered to pay this obligation or that there is sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be taken up to and including dismissal.

Requesting Agency Authorized Signature

Printed Name April Wilkerson, ASD	Date 3/28/19
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Servicing Agency Authorized Signature

Printed Name Thomas Bentin	Date 3/28/19
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OMB Authorized Signature (as applicable)

Printed Name _____	Date _____
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